DATENT ADDI ICATIONI CEC DETERMINATION COO									3			ation or Docket Number,			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10225011						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			2					RATE		FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC I	ΈĘ	385.00	OR	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			J minus 20=		• · · Ø			XS 9=			OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		<u>ل</u> .	· <i>O</i>		X43±			OR	X86=	·		
W	JLTIPLE DEPE	NDENT CLAIM P	RESENT		·	-14					OR	-290 =			
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTA		385	OR	TOTAL			
5-25-04 (Column 1) (Column 2) (Column 3)							L	SMAL	LE	NTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER HUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 17	Minus	- 2	ϱ	=		XS 9=			OR	XS18=			
AME	Independent	. 3	Minus		3			X43=	T		OR	X86=			
	FIRST PRESE	NTATION OF MI	JETIPLE DE	PENDENT	CLAIM		1	+145=	1		OR	+290=			
1 1 ^ //								TOTA				YOTAL			
6-6-06 (Column 1) · (Column 2) (Column 3)									EL			ADDIT. FEE	<u> </u>		
AMENOMENT 8		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIO PAID F	ER	PREȘENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• 17	Minus		<u>) </u>	•		XS 9=	-		OR	X\$18°			
AME	Independent	NTATION OF MU	Minus	-3	CI AIRA			X43=	Ţ		OR	X86=			
لــــا	ring) rhege	ITATION OF HID	ETIPES DEF	ENDENT	COUM		' [+145=	T		OR	+290=			
•								TOTA DDIT. FE			DR ,	TOTAL ODIT. PEE			
(Column 1) (Column 2) (Column 3)								•			•				
Z ŀ	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	*				X\$ 9=	T		DR	X\$18=			
	tridep ndent	•	Minus	***		•	╽	X43=	十			X86=			
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		-	,,,,,,	╀		DR				
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.											DR	+290=			
-11	the "Highest Nurs the "Highest Nurs	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THE d For IN THE	S SPACE is I	less than less than	20, enter "20." 3, enter "3."	~	TOTAL DDIT. FEE of in the a	L			TOTAL DDIT. FEE mn 1.			